

SAFETY AND BUILDINGS DIVISION Field Operations-Rental Weatherization Program P. O. Box 7302 Madison, Wisconsin 53701-2538 TDD #: (608) 264-8777 http/www.commerce.state.wi.us httpwww.wisconsin.gov

## Rental Weatherization Program Order Form For Satisfaction Of Compliance

Use this form to request a Satisfaction of Compliance form to allow the recordation of a property transfer that satisfies the Rental Weatherization Program for one of the following reasons. Processing may take up to 30 days. You will need to record the document that we mail to you at the Register of Deeds in the county where the property is located.

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Check One:	
	n involuntary transfer such as foreclosure; bankruptcy; e a copy of the official court order document along with a copy document.
occupancy, such as copies of the real estate closin the following showing the property address as the bills, two years of W-2's or two years of property option is only available in the first year of a Stip that has four or less dwelling units. You will als	n owner-occupancy. Include two forms of proof of owner- g documents or Real Estate Transfer Return Form; or copies of mailing address: driver's license, two months of telephone tax bills. There is no fee for this document. Note that this culation, or the first two years of a Waiver, for a property o have to first take over responsibility for the Stipulation or y of the Stipulation or Waiver (available from the Register w.
of Compliance for which you are requesting a dup	<b>Of Compliance.</b> Include, if possible, a copy of the Certificate licate along with a copy of the associated Stipulation agreement operty identifying information. There is a \$50.00 for this
Mail request form, supporting documents Rental Weatherization Program P.O. Box 7302 Madison WI 53701-7302	and check, if applicable, to:
For the first two choices above where no fee is reto (608)283-7476.	quired, you may fax this form and supporting documentation
Make Checks Payable To Wiscon	nsin Department Of Commerce [REVENUE CODE 7646]
Fill in the name and address of where to s	end the documents, and daytime phone in case of questions:
First and Last Name and Business Name	
*PLEASE USE STREET ADDRESS -not P.O. Box	
City, State, and Zip Code	
Daytime Phone	
Personal information you provide may be used for	secondary nurposes [Privacy I aw s 15 (M(1)(m)]

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. The Department of Commerce is an equal opportunity service provider and employer.